

Jersey Care Commission
Care Standards
Service Specific Requirements
End of Life care (EOL)

Safe
Effective
Caring
Responsive
Well-led

SAFE

Standard 3. Safe systems, pathways and transitions

We work with people and our partners to establish and maintain secure care systems. We manage, monitor, and ensure safety. We make sure that care is continuous, even when people move between different services.

What this means to people:

- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening.
- When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared responsibilities

3.2 Service Specific Requirements

- 3.2.1 The provider ensures that if people have increased needs, such as need for a change to medication (especially if on a syringe pump or if they need one), these needs are identified through regular assessments and reviews by healthcare professionals.
- 3.2.2 Staff have access to 24/7 mental health liaison (covering the age range of the ward/clinic/community) and other specialist mental health support if they are concerned about risks associated with a patient's mental health.
- 3.2.3 Staff know how to make an urgent referral to mental health support services and receive a timely response.
- 3.2.4 The provider ensures that ambulance/immuno-suppressed patients are directed to the correct place, such as the ED or ward, and that the unit can see the patient promptly with their records, including treatment plans.

- 3.2.5 There is a health care system wide standardised approach to the detection of the patients whose condition is deteriorating and a clearly documented escalation response.
- 3.2.6 There is access to interventional radiology (IR) and therapeutic endoscopy, either on-site or through networked arrangements.
- 3.2.7 There are clear pathways and processes for the assessment of people within outpatient clinics or radiology departments who are clinically unwell and require hospital admission.
- 3.2.8 Treatment escalation plans are openly discussed and agreed upon with people, then clearly recorded and communicated to relevant professionals.
- 3.2.9 People who are identified as approaching the last days and hours of life are recognised and have their MDT decision recorded and regularly reviewed. An individual end-of-life care plan is robustly in place for these patients.
- 3.2.10 The service shares comprehensive discharge summaries and advanced care planning with patients' GPs, care home or domiciliary care staff, including details of any surgery, medical implants, or medication changes to ensure effective continuity of care in the community.
- 3.2.11 Records contain details of patients' mental health needs, learning disability needs, autism needs, and dementia needs alongside their physical health needs. Staff are confident that records will inform them if a patient has one of these underlying diagnoses.

SAFE

Standard 6. Safe Environments

We recognise and control possible risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.

What this means to people:

- I feel safe in the care environment.
- I am protected from harm caused by the use of faulty equipment.
- I am protected from harm caused by any defect in the building where my care is provided.
- Staff who care for me, or support me, are trained to operate equipment and know what to do when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 9A Need for consent
Regulation 8 Person-centred care
Regulation 11 Safeguarding
Regulation 18 Premises and equipment

6.2 Service Specific Requirements

6.2.1 Syringe pumps are maintained and used in accordance with professional recommendations.

6.2.2 There is a policy in place for handling cytotoxic spillages, and staff are aware of what to do in the event of such an incident.

SAFE

Standard 7. Safe and effective staffing

We make sure there are enough qualified, skilled, and experienced staff who are well supported and receive effective supervision and development. They work together effectively to provide safe care that meets people's individual needs.

What this means to people:

- I receive safe care and treatment delivered by competent staff.
- Staffing levels and skills are planned and reviewed to provide safe care.
- I know who my named nurse or key worker is and know how to contact them.

Relevant regulatory requirements

Regulation 2 Fitness criteria
Regulation 8 Person-centred care
Regulation 17 Workers

7.2 Service Specific Requirements

- 7.2.1 All clinical staff receive mandatory training in relation to End of Life Care (EOLC), which includes fundamental principles and practices.
- 7.2.2 Staff receive specific training in delivering EOLC, including the five priorities for end-of-life care: recognising when someone is nearing the end of life, sensitive communication, involving patients and their loved ones in decision-making, providing support, and individualised care planning.
- 7.2.3 There is appropriate access to Clinical Nurse Specialist staffing or other appropriate care coordinators for all cancer patients.
- 7.2.4 Each ward has a nominated lead or champion for end-of-life care.
- 7.2.5 The provider ensures staff have access to specialist medical and nursing palliative care staff, for advice and support with caring for people in the last hours and days of their life.

- 7.2.6 Staff are trained in communication skills including Advance Care Planning discussions and breaking bad news,
- 7.2.7 Specialist palliative care service staff provide support and training to generalist staff.
- 7.2.8 Staff in the cancer service have access to competency training or development opportunities, including the latest techniques and treatments to ensure patients get access to the right treatment the first time.

SAFE

Standard 9. Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities, and choices. We involve people in planning their care, even when things change.

What this means to people:

- I feel safe and am supported to understand and manage any risks.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening.
- If my treatment, including medication, has to change, I know why and am involved in the decision.
- I have considerate support delivered by competent people.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 14 Management of medicines

9.2 Service Specific Requirements

- 9.2.1 When people are discharged, their medicines (including anticipatory medicines) are explained to them and their carers, and they are advised what to do about their previous medication.
- 9.2.2 Appropriate anticipatory prescribing is in place, with indications and suitable dosages clearly written. If a range of doses is prescribed, the incremental dose and maximum dose are appropriate.
- 9.2.3 The correct authorisation is in place to enable the administration of anticipatory medicines.
- 9.2.4 There is evidence of appropriate and clearly documented timely administration of anticipatory medicines.
- 9.2.5 Syringe pumps are prescribed and monitored correctly, with the duration of infusion clearly indicated.
- 9.2.6 There is a system in place to allow staff access to check the compatibilities of the medicines prescribed in a syringe pump.

EFFECTIVE

Standard 11. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment, considering what matters to them. Our approach aligns with the law and follows the latest evidence-based best practices and standards.

What this means to people:

- I am involved in the planning of my treatment and care.
- I am able to influence important decisions about my treatment and care.
- I can give or withhold my consent freely.
- The care I receive is personalised to my preferences and supported by best practice.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 12 Cleanliness and infection control
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

11.2 Service Specific Requirements

11.2.1 End of Life Care (EOLC) is managed in accordance with NICE guidelines.

11.2.2 The service has audited its performance in EOLC, with results showing continuous improvement for patient care and adherence to guidelines.

11.2.3 People referred to specialist palliative care, and the Palliative Care team are seen within 24 hours, and this is regularly audited. Where this target is not met, appropriate reasons are documented.

11.2.4 Patients with specialist EOLC needs (inpatients, outpatients or in day case care) are referred to the hospital specialist palliative care team to ensure timely and appropriate care.

- 11.2.5 As part of the personalised, stratified pathway after treatment, the service supports people to exercise choice until the end of life. This includes providing health education information, potential late effects, contact information for questions or concerns, and access to other support services and charities. People are seen quickly if it is decided that they require an appointment or urgent tests or treatment.
- 11.2.6 Steps are taken to minimise the side effects of radiotherapy and chemotherapy, with performance monitored and audited regularly.
- 11.2.7 Relevant staff are trained to deal with violence and aggression in an appropriate way.
- 11.2.8 Those close to the patient are offered information on how to access emotional, psychological, or bereavement support.
- 11.2.9 Staff are aware of GMC guidance for doctors in supporting nutrition and hydration in EOLC.
- 11.2.10 The service ensures appropriate nutritional support for patients, including low fibre, light meals, and effective management of nausea and vomiting, while ensuring that patients' cultural and religious needs are being met.
- 11.2.11 The service has implemented recognised guidance and core standards for pain management (such as Wessex Palliative Care Guidelines or Faculty of Pain Medicine).
- 11.2.12 Anticipatory medications are prescribed for people identified as requiring EOLC. These medications are administered and prescribed appropriately, and their use is audited regularly.

11.2.13 The service ensures that patients are given effective pain relief by including pain management as part of specialist palliative care, ensuring that patients with a terminal diagnosis who are admitted from home and have their drugs locked away are able to continue their 'regular home drug routine' for pain relief, providing continuous assessment and adjustment of pain management plans to meet the individual needs of patients.

11.2.14 The service also ensures that anticipatory medications for pain relief are available and appropriately used, with regular audits to ensure compliance and effectiveness.

EFFECTIVE

Standard 12. How staff, teams and services work together

We collaborate well between teams and services to help people. We ensure that people who use services only have to tell their story once, by sharing their needs assessment when they move between different services.

What this means to people:

- I only have to tell my story once, and the care I receive is based on teams working together, even when I move between services
- I can expect that all information provided will be treated confidentially and held securely
- My care records will be shared appropriately with my knowledge and consent and on a need to know basis.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared Responsibilities

12.2 Service Specific Requirements

- 12.2.1 People with complex needs receive prompt screening by a multi-professional team, including physiotherapy, occupational therapy, nursing, pharmacy, medical staff, and social services. A clear MDT assessment is undertaken within 14 hours, with a treatment or management plan in place within 24 hours of admission.
- 12.2.2 There are regular MDT meetings for people with complex needs, and social services colleagues attend as appropriate.
- 12.2.3 There is evidence of multi-disciplinary/interagency working when required, facilitating comprehensive care for patients with complex needs.
- 12.2.4 Pathways exist for referral between specialties within the hospital and with other organisations for specialist advice. Staff effectiveness in utilising these pathways is evaluated.

- 12.2.5 All team members are aware of who has overall responsibility for each individual's care.
- 12.2.6 Established links exist with mental health services, learning disability services, autism services, and dementia services.
- 12.2.7 Multi-disciplinary/interagency working is established when required, facilitating comprehensive care for patients with complex needs.
- 12.2.8 Cancer MDT terms of reference include links with other MDTs and services, ensuring access to specialised care for teenagers and young adults (TYA) with solid tumours.
- 12.2.9 Regular clinical discussions support effective protocol management of non-complex cancer patients, with a focus on incorporating patients' views and wishes into their care plans.
- 12.2.10 The service supports delivery of holistic needs assessments and treatment summaries, to improve communication between cancer services, patients, and primary care.
- 12.2.11 The service has a palliative care Multi-Disciplinary Team (MDT) meeting.
- 12.2.12 There is effective communication between the EOLC team and other services within the hospital, such as the medical services caring for older people and cancer MDTs.
- 12.2.13 Meetings are attended by all appropriate staff, including consultants, radiologists, physiotherapists, nutritionists, etc., and operate in a collaborative and effective manner. All appropriate patients are referred to and discussed by relevant MDTs in line with national guidance. MDTs have sufficient time to provide effective care.

EFFECTIVE

Standard 14. Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve outcomes. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.

What this means to people:

- The care and treatment I receive is constantly monitored so that improvements can be made.
- I receive the best care possible for my condition.
- I am consulted about new or recommended treatments for my condition.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

14.2 Service Specific Requirements

14.2.1 A comparative percentage proportion of cancer patients are offered the opportunity to take part in clinical trials, ensuring access to cutting-edge treatments and research.

14.2.2 The service aims to enhance the quality of end-of-life care and makes use of Gold Standards Framework (GSF).

EFFECTIVE

Standard 15. Consent to care and treatment

We inform people about their rights regarding consent and always respect these rights when providing personalised care and treatment.

What this means to people:

- I am well-informed and understand my rights.
- Services and staff consistently respect and uphold my right of consent and choice.
- I understand I can change my mind at any time or in respect of any particular treatment

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

15.2 Service Specific Requirements

15.2.1 In situations involving patients without the capacity to consent, the medical and/or surgical care departments follow a comprehensive approach to decision-making, which includes consultations with individuals holding powers (lasting powers of attorney), as well as involving relatives and friends interested in the person's welfare.

15.2.2 DNA CPR decisions are made appropriately and in line with national guidance. These decisions are regularly audited to ensure compliance and appropriateness.

15.2.3 The last audit of DNA CPR forms was conducted regularly, and the results indicated a high level of compliance with national standards.

15.2.4 The service audits the timing of when DNA CPR forms are signed, including the proportion signed out of hours. This helps identify if decisions are being made by more junior members of staff and ensures that appropriate senior oversight is maintained. Results of concern are acted on.

15.2.5 If any patients are detained under the Mental Health (Jersey) Law 2016, staff are aware that there are additional steps to consider if the patient does not consent to treatment. Staff know where to get advice on these matters to ensure that all legal and ethical guidelines are followed.

CARING

Standard 16. Kindness, compassion, and dignity

We always treat people with kindness, empathy and compassion, and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

What this means to people:

- I am always treated with kindness, empathy, compassion and respect.
- I am listened to, and my views are taken seriously.
- I know how to complain when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

16.2 Service Specific Requirements

- 16.2.1 Staff take into account psychosocial aspects of care as well as physical aspects.
- 16.2.2 Staff respond to patients who might be frightened, confused, or phobic about medical procedures or any aspect of their care with empathy, patience, and appropriate support strategies, ensuring to address their concerns and provide reassurance.
- 16.2.3 The service ensures that after death, the health and safety of everyone who comes into contact with the deceased person's body are protected.
- 16.2.4 Transfers to the mortuary are dealt with respectfully and efficiently, with staff being aware of and sensitive to cultural and religious differences in end-of-life care.

16.2.5 The service ensures that care after death include:

- Honouring the spiritual and cultural wishes of the deceased person and their family and carers while making sure legal obligations are met.
- Preparing the body for transfer to the mortuary or funeral directors' premises, offering family and carers present the opportunity to participate in the process and supporting them to do so.
- Ensuring the privacy and dignity of the deceased person are maintained.
- Honouring people's wishes for organ and tissue donation.
- Returning the deceased person's possessions to the relatives in a sensitive and caring manner.

16.2.6 The provider engages with cancer patients and their families and uses the findings from local/national surveys to ensure that patients, including those from all equality groups, feel well cared for and treated with dignity, respect, and compassion.

CARING

Standard 17. Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

What this means to people:

I am treated as a unique individual. Care providers go beyond a one-size-fits-all approach and ensure that my care, support, and treatment are tailored to meet my specific needs and preferences.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

17.2 Service Specific Requirements

- 17.2.1 People (and their families) who receive life-changing diagnoses are given appropriate emotional support, including help to access further support services.
- 17.2.2 People receiving EOLC are supported emotionally, especially those who do not have family, friends, or carers to support them, through regular interactions with healthcare professionals, access to counselling services, and referrals to support organisations. Support includes addressing issues related to sexuality, body image, and daily living activities, which can be a priority for many patients. This support is tailored to individual needs and preferences, ensuring comprehensive care.
- 17.2.3 Staff ensure that the needs of families and others important to a person who is dying are actively explored, respected, and met as far as possible, including after the person has died. This is achieved through open communication, regular updates, and providing resources for bereavement support.

CARING

Standard 18. Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

What this means to people:

I am informed about my rights, and staff actively involve me in making choices and decisions about my care, treatment, and well-being.

Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 7A Visitors and involvement in the community

Regulation 8 Person-centred care

18.2 Service Specific Requirements

- 18.2.1 People who are likely to be in the last 12 months of life are identified through regular assessments and consultations. The service takes action by offering and giving them the opportunity to create an advanced care plan, including EOLC wishes and any advanced directives, such as organ donation.
- 18.2.2 Staff ensure that sensitive communication takes place between staff and the dying person, as well as those identified as important to them, by regularly checking in with patients and their families.
- 18.2.3 When a person is in the last days and hours of life, the dying person and those identified as important to them are involved in decisions about treatment and care to the extent that the dying person wants. This is achieved through regular discussions and respecting the wishes of the patient.

RESPONSIVE

Standard 21. Person-centred care

We make sure people are at the centre of their care and treatment choices, and we decide, in partnership with them, how to respond to any relevant changes in their needs.

What this means to people:

I have care and support that is coordinated, and everyone works well together with me.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

21.2 Service Specific Requirements

21.2.1 There are designated beds for people receiving palliative care.

21.2.2 To ensure that people receive a side room if requested, the service prioritises room assignments based on patient needs and requests and uses a clear policy to manage room availability.

21.2.3 Facilities for relatives include comfortable waiting areas, overnight accommodations, access to kitchen facilities, and private spaces for family meetings and consultations.

21.2.4 End of life care services are organised and delivered in line with national guidance.

21.2.5 The EOLC MDT has the expertise to ensure that the needs of patients with mental health conditions, learning disabilities, autism, and dementia diagnoses are met.

- 21.2.6 Patients are given a choice on how they would like to receive results or bad news, whether by phone at home or face-to-face. Adequate and suitable space is provided for breaking bad news and supporting distressed patients, relatives, and staff, with access to the patient's Clinical Nurse Specialist (CNS) or equivalent available during these times.
- 21.2.7 Staff involved in care are informed of a person's advance care plan and preferred place of care. This is discussed and documented to ensure adherence to the patient's wishes.
- 21.2.8 No group is disadvantaged because there is provision including tailored communication methods, cultural sensitivity training for staff, and access to translators and interpreters.
- 21.2.9 The service complies with the accessible information standards by identifying, recording, flagging, sharing, and meeting the information and communication needs of people with a disability or sensory loss.
- 21.2.10 Appropriate arrangements are put into place to take account of individual needs of people being discharged who have complex health and social care needs, ensuring special considerations for people with complex needs.
- 21.2.11 The mortuary service has a policy to deal sensitively with deaths of those from different faiths and cultures, respecting their traditions and requirements.
- 21.2.12 Patients are given a choice on how they would like to receive results or bad news, whether at home or face-to-face. There is adequate and suitable space for breaking bad news and supporting distressed patients, relatives, and staff. Access to the patient's Clinical Nurse Specialists or equivalent is available during these times.

21.2.13 Patients' relatives and close ones receive adequate support and information they can understand, which is accessible in alternative formats when required.

RESPONSIVE

Standard 25. Equity in access

We ensure that there is equal access to care, support, and treatment and seek to ensure it is provided when it is needed.

What this means to people:

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 19 Premises and equipment

25.2 Service Specific Requirements

25.2.1 The provider manages urgent cancer appointments by prioritising them and ensuring timely access to care. This includes offering service users a choice of appointments to accommodate their schedules and preferences.

25.2.2 Rapid discharge processes are in place to ensure that patients can be discharged swiftly to their preferred place of death, with regular audits conducted to monitor the effectiveness and timeliness of these discharges and actions are taken where there are shortfalls.

25.2.3 A significant percentage of people die in their preferred place of death, as monitored by regular audits.

WELL-LED

Standard 32. Governance, management, and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

What this means to people:

- I am looked after by an organisation where staff are clear about their roles and work within their competencies.
- I can expect to receive the best care and treatment available.
- My care provider is committed to delivering safe care.
- I can rely on my care provider to be aware of the risks involved in delivering safe care and in preventing harm.

Relevant regulatory requirements

Regulation 17 Workers
Regulation 18 Premises and equipment
Regulation 19 Reviewing quality of service
Regulation 21 Notification of incidents, accidents, and other events
Regulation 24 Financial viability
Regulation 26 Commissioned services
Regulation 27 Absence of manager

32.2 Service Specific Requirements

32.2.1 There is a clinical lead for EOLC.

32.2.2 There is an organisation-wide EOLC steering group or committee that is representative of the breadth of EOLC, including the full range of specialities. This group has active plans and meets regularly.